



**BUSINESS**

Exact Legal Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Equipment Address (if different than billing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Business Age (in years) \_\_\_\_\_ Years Owned by Current Owner \_\_\_\_\_ Annual Sales \_\_\_\_\_ Number of Employees \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Title \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Business Structure:  Proprietorship  Corporation  LLC  Partnership  Other

**OWNERSHIP**

Principal's Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ % Ownership \_\_\_\_\_

Principal's Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ % Ownership \_\_\_\_\_

Bank \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**EQUIPMENT**

Equipment Description _____	Vendor _____
Term <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 months	City _____ State _____
Equipment Cost _____	Contact _____
	Phone _____ Ext. _____

I Agree

I hereby authorize Advantage Leasing Corporation or any credit bureau or other investigative agency employed by Advantage Leasing Corporation to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

Signature/Title: \_\_\_\_\_ Date \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date \_\_\_\_\_

Fax Completed Lease Application to: **414-291-3406**

Attention: **Mike Elton**

Phone Number: **800-949-7040**

Email: **melton@advantageleasing.com**